



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Division of Health Professions Licensure

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Board of Registration in Pharmacy
239 Causeway Street, Suite 500, 5th Floor
Boston, MA 02114

(800) 414-0168

<http://www.mass.gov/dph/boards/pharmacy>

Disclosure of Errors Relating to Preparation of Medications in the Pharmacy, Abnormal Results, Non-routine Notice(s), Correspondence and/or Disciplinary Action(s), Adverse Change in Accreditation Status, and/or Criminal Charges or Conviction

Name of MA Pharmacy _____	License Number _____
Pharmacy Address _____	
City/Town _____	Zip Code _____
Tel. No. _____	Fax No. _____
E-mail _____	

What are you reporting?

(✓)	Event/Circumstance	Complete as Applicable:			
		Date of Occurrence	Date of Receipt of Results	Date of Receipt of Notification	Identity of Sender Organization
	Non-routine notice, correspondence, or disciplinary action 247 CMR 6.15(2)				
	Adverse change in status of accreditation, including but not limited to, withdrawal, discontinuance, termination, revocation, suspension, probation, or warning 247 CMR 6.15(3)				
	Errors relating to preparation of medications in the pharmacy 247 CMR 6.15(6)				

		Complete as Applicable:			
(√)	Event/Circumstance	Date of Occurrence	Date of Receipt of Results	Date of Receipt of Notification	Identity of Sender Organization
	Abnormal results, including failure of certification and identification of environmental contaminants or improper potency in that pharmacy (per USP <797>) 247 CMR 6.15(7)				
	Any discipline on the basis of actions listed in 247 CMR 10.03(1)(y)				
	Any final action, including license surrender or resignation 247 CMR 10.03(1)(z)				
	Any pending criminal charge or conviction 247 CMR 10.03(1)(aa)				

Attach a detailed description of the event/circumstance(s) you are reporting as well as a copy of related documentation regarding abnormal results, non-routine notice, correspondence, disciplinary action, adverse change in accreditation status, and/or criminal charge or conviction.

Please direct any questions regarding this reporting form to **pharmacy.admin@massmail.state.ma.us**

The FAILURE of any Massachusetts pharmacy or pharmacist to make a report required by 247 CMR to the Board within the timeframe stated in 247 CMR will be grounds for discipline under 247 CMR 10.03(q).

Print Name Licensee/Registrant: _____
 Title: _____
 License Number: _____
 Signature of Licensee: _____
 Date: _____

Please submit to: Board of Registration in Pharmacy
 ATTN: Disclosure Report
 239 Causeway Street, 5th floor
 Boston, MA 02114

A signed copy may be faxed to 617. 973. 0980 or scanned and emailed to **pharmacy.admin@massmail.state.ma.us** in advance of submission by mail of the signed, original document.